

Statement of Contributions Received

Prescribed by Secretary of State 03/05

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Name of Committee in Full FRIENDS OF Andy SWEIGART							
Full Name of Contributor DAVID K COX						Registration Number, if PAC	
Street Address 1038 CARDOOSTIE CIR			Employer/Occupation/Labor Organization* TUSDH			Form (Cash, Check, etc.) CK	
City Grove City			State OH		Zip Code 43123		Amount 09 23 11 100.00
Full Name of Contributor Joseph Sweigart						Registration Number, if PAC	
Street Address 9911 E IDAHO CIR			Employer/Occupation/Labor Organization* Physician			Form (Cash, Check, etc.) CK	
City Denver			State CO		Zip Code 80247		Amount 09 20 11 100.00
Full Name of Contributor T. Richard BARBEE JR						Registration Number, if PAC	
Street Address 6950 BORROR RD			Employer/Occupation/Labor Organization* FARMER			Form (Cash, Check, etc.) CK	
City ORIENT			State OH		Zip Code 43346		Amount 09 23 11 100.00
Full Name of Contributor Angela Bell						Registration Number, if PAC	
Street Address 7899 Shady Maple Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CK	
City Canal Winchester			State OH		Zip Code 43110		Amount 10 18 11 30.00
Full Name of Contributor Angela White						Registration Number, if PAC	
Street Address 15930 St Route 207			Employer/Occupation/Labor Organization* Medical Office Admin			Form (Cash, Check, etc.) CK	
City Mt STEPLING			State OH		Zip Code 43143		Amount 10 18 11 30.00
Full Name of Contributor Andy Sv						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City			State		Zip Code		Amount
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City			State		Zip Code		Amount
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City			State		Zip Code		Amount

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Page Total \$ 360.00